

TO: Maine Agriculture Sector
FROM: Maine Bureau of Agriculture, Food & Rural Resources
RE: Maine Economic Recovery Grant Application Sample
DATE: August 24, 2020

The Bureau of Agriculture, Food & Rural Resources provides this document as a tool for agricultural applicants. Scroll or use the bookmarks tab of the PDF to view the information.

- *Sample of what an applicant sees as they reach the final step before submitting application.*
- *Displays a summary of sample responses to all application questions. They may or may not all apply to your business or organization.*

Note:

- At end of PDF, 'financial impact of COVID-19' highlighted to help applicants see what tax and accounting info to gather for application.
- If you would like to watch a brief video that quickly scrolls through the application, a sample is available here.

Find information, get help:

- >>[Read more about the grant, including FAQs.](#)
- >>[Access the application.](#)
- Contact a Bureau staff member: Agriculture.BizAwards@Maine.Gov

The application closes September 9, 2020.



Maine Economic Recovery Grant Program Application -Review

Note: this is a sample reference. It's a summary of all data an applicant might include

Please Review the Information Below for Accuracy Before Continuing the Application

Contact and Business Information

EDIT

First Name	Enter your first name here
Last Name	Enter your last name here
Contact Title	Enter title if applicable
Contact Phone	Input your business phone number.
Email Address	Input your business email address.

Did your
business/organization
receive any
funding from the
Federal CARES
Act or other
COVID-19 relief?

Input your answer (Yes or No)

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How is your
business
structured?

Input your structure. Select from options.

Name of
Business/Organization

Input name of your business/Organization.

DBA Name

Input if applicable.

Business/Organization
Street Address

Input your address here

Business/Organization
Town or City

Input your town here

Business/Organization
County

Input your county here

Business/Organization
State

Maine

Business/Organization
Zip Code

Input zip code

Type of Federal
Taxpayer

Social Security Number (SSN) or EIN.

Identification

Number

DUNS Number

Input this number. You will need it before you can complete application. It takes 2-3 days to receive.

In what industry is your business?

Agriculture

Please describe business/organization activities that generate revenue (product or service provided by business/organization):

Insert your activities here.

North American Industry Classification System (NAICS) Code

Agriculture two-digit code is 11. Enter the more specific digits for your business in the agriculture sector.

Is your business considered “affiliated” as defined by the above criteria?

Yes or No

Federal CARES Act or Other COVID-19 Relief

EDIT

Total Paycheck
Protection
Program (PPP)
Loan Amount
Received

Input dollar amount if applicable.
Otherwise, input 0.

Economic Injury
Disaster Loan
(EIDL) and/or
EIDL Advance
Amount

Input dollar amount if applicable.
Otherwise, input 0.

For sole
proprietors: Total
amount of
unemployment
compensation
benefits received
March 1, 2020 –
June 30, 2020

Input dollar amount if applicable.
Otherwise, input 0.

Total amount of
any other grants
and/or loans

Input dollar amount if applicable.
Otherwise, input 0.

received by your
business/organization
related to COVID-
19

For the total
amount of other
grants and/or
loans above,
provide the name
and amount of
each other grant
and/or loan
received:

Input dollar amount if applicable.
Otherwise, input 0.

Total amount of
unaccounted (not
yet expensed)
grants and or
loans received
(Including PPP,
EIDL, and any
other federal
grants or loans) by
the
business/organization

Input dollar amount if applicable.
Otherwise, input 0.

Individual Owners

EDIT

First Name	Middle Initial	Last Name	Owner Address	Ownership Percentage
Input owner info here		Input owner info here	Input owner info here	100%

Informational Survey

EDIT

2017 Gross Receipts/Revenue Input amount or NA

2017 Expenses Input amount or NA

2017 Depreciation Input amount or NA

2018 Gross Receipts/Revenue Input amount or NA

2018 Expenses Input amount or NA

2018 Depreciation Input amount or NA

2019 Gross Receipts/Revenue Input amount or NA

2019 Expenses Input amount or NA

2019 Depreciation Input amount or NA

2020 Gross Receipts/Revenue:
Report your total gross receipts/revenue from similar sources from January 1, 2020 - June 30, 2020

Input amount

2020 Expenses:
Report your total expenses from similar sources from January 1, 2020 - June 30, 2020

Input amount

How is COVID-19 reducing your average income after expenses?

Example...% rapid reduction in existing market. Customer decline. Increase packaging, technology, health & safety, supply of goods, marketing and non-payroll expenses, etc. reduced average income...

Provide an estimated percentage of your loss that is a result of the COVID-19 pandemic and related public health response

Input percentage estimate.

Do you have any State of Maine tax liability that is presently due or owing? Yes or No

During the past 7 years, were you required to file any State of Maine tax return(s) other than income tax? Yes or No

Have you filed State of Maine income tax returns, and returns for each of the tax types listed above, for each of the past 7 years? Yes or No

My business/organization is current and in good standing with all Maine State payroll taxes, sales taxes, and state income taxes (as applicable) Yes or No

through July 31,
2020.

My Yes or No
business/organization
is in good standing
with the Maine
Department of
Labor

My Yes (*yes that is accurate)
business/organization
is not in
bankruptcy

My Yes (*yes that is accurate)
business/organization
has not
permanently
ceased
operations (closed
with no intent to
reopen)

My Yes (*yes that is accurate)
business/organization
has a minimum of
50% of employees
and contract
employees based
in Maine.

What percentage of your employees and contract employees are based in Maine?

Enter applicable percentage of those you employ.

My business's/organization's primary location/corporate headquarters is in Maine. Yes

My business/organization has been in consistent compliance with COVID-19 Prevention Checklist Requirements. Yes

My business/organization is not under any current or past enforcement action with COVID-19 Prevention Yes

Checklist
Requirements.

How many full time equivalent (FTE) employees does your business have?

Input the total. Reminder: this grant limits to businesses with a maximum of 50 employees year-round. This includes seasonal work.

What is the average employee hourly wage/salary? (Not to include executive level)

Input the average hourly wage/salary here. Exclude executive amount.

Is your business/organization led by a majority of black, indigenous, immigrant or other people of color?

Yes or No

Does your business/organization primarily serve Black, Indigenous, People of Color (BIPOC) communities?

Yes or No

Does your business/organization primarily serve underrepresented or impoverished communities? **Yes or No**

Please Answer **Yes or No**
Based on the Question Above (Furlough and Rehire)

Please Answer **Yes or No**
Based on the Question Above (Rehire)

Please Answer **Yes or No**
Based on the Question Above (Material Need of Relief Funds)

Please Answer **Yes or No**
Based on the Question Above (Negative Impact from COVID-19)

Business/Organization Incorporated/Registered **Enter incorporation month**

Month

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Business/Organization
Incorporated/Registered
Year

Enter incorporation year

Does your
business have a
franchise
agreement?

Yes or No

< PREVIOUS

CONTINUE TO AGREEMENT >



Maine Economic Recovery Grant Program Application - Program Agreement and Certification

Certification:

I (applicant) hereby certify that;

- To the best of my knowledge and belief, all information contained in this application is true and correct and current as of the date signed below; *
- I will comply with all applicable State and federal laws and regulations; *
- I acknowledge that I am applying for and may receive Maine's Economic Recovery Grant Program funds and that I have not benefited from other federal, state or local funds that would fully cover the losses I have experienced due to the COVID-19 pandemic without the assistance I am applying for, and that the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein. *

- I understand that my taxpayer information is confidential under 36 M.R.S. § 191. By signing this form, I authorize Maine Revenue Services (MRS) to verify any confidential information for DECD, relating to tax years 2017, 2018, 2019, and 2020, that is necessary to evaluate my eligibility for the Maine Economic Recovery Grant Program and to disclose the status of my Maine tax and filing obligations to DECD as my duly authorized representative, pursuant to 36 M.R.S. §§ 191(2)(A) or (DD)(8). * Page 16
- I understand that, regarding my Maine tax and filing obligations, the disclosure will be limited to whether any Maine tax liability is presently due or owing and whether it appears, based on my responses in this authorization and a limited review of my confidential information, that I have filed all required Maine tax returns during the past 7 years. *
- There are no actions, suits or proceedings pending or, to the knowledge of the applicant, threatened against or affecting the applicant and/or business/organization at law or in equity before any court or administrative officer or agency which might result in any material adverse change in the business or financial condition of the applicant. *
- I understand that some of the information provided will be accessible and subject to disclosure under Maine's Freedom of Access Act (1 M.R.S. Section 401 et seq.). *

Authority to Sign:

I understand, agree and accept that by submitting this application, it is certifying that the person named in the signature block has authority to bind the business/organization entity and that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business/organization entity.

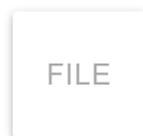
Authorized Signor *

Authorized Signor Title *

Authorized Signor Email Address *

Confirm Email Address *

Please upload a copy of a completed W-9 in the event your business/organization is selected for a grant. * 



Note: You will need a digital copy of this to attach. Visit IRS website for a blank one: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Agreement to Electronic Signature:

- By submitting this Application and checking the box for acceptance, I understand, agree and accept use of its electronic signature as binding and final. *

[< PREVIOUS](#) | [CONTINUE TO SUBMIT >](#)



Maine Economic Recovery Grant Program Application - Informational Survey

Financial Impact of COVID-19 Pandemic

Please note for the following section:

1. Provide your business's/organization's 2017, 2018, and 2019 actual revenue, expenses, and depreciation as reported on the Federal income tax lines shown below.
2. Estimate your business's/organization's 2020 revenue and expenses excluding depreciation, taking into account the impact of COVID-19 on both revenue and expenses. DO NOT USE pre-COVID-19 projections.
3. If your business/organization is affiliated with one or more other businesses, provide the combined revenue, expenses, and depreciation of the entire group of affiliated businesses.
4. If your business's/organization's actual 2020 revenue less expenses is more than your estimate, your grant amount, if any, may be subject to recoupment in part or in full.

For Gross Receipts/Revenue Fields:

- C Corporations: Line 11 on Form 1120
- S Corporations: Line 6 on Form 1120-S
- Partnerships: Line 8 on Form 1065
- Sole Proprietorships: Line 7 on Form 1040 Schedule C or Line 9 on Form 1040 Schedule F
- Non-Profits: Line 12 on Form 990 or Line 9 on Form 990EZ
 - Please Note for 2020: Forecast your 2020 revenue (Line 12 on Form 990 or 9 on Form 990EZ) and divide by 2

For Expense Fields:

- C Corporations: Line 27 on Form 1120
- S Corporations: Line 20 on Form 1120-S
- Partnerships: Line 21 on Form 1065
- Sole Proprietorships: Line 28 on Form 1040 Schedule C or Line 33 on Form 1040 Schedule F
- Non-Profits: Line 18 on Form 990 or Line 17 on Form 990EZ
 - Please Note for 2020: Forecast your 2020 expenses (Line 18 on Form 990 or Line 17 on Form 990EZ) and divide by 2

For Depreciation Fields:

- C Corporations: Line 20 on Form 1120
- S Corporations: Line 14 on Form 1120-S
- Partnerships: Line 16c on Form 1065
- Sole Proprietorships: Line 13 on Form 1040 Schedule C or Line 14 on Form 1040 Schedule F
- Non-Profits: Form 990 Line 22 (Part IX), Form 990EZ Line 16 (Schedule O)

- Please Note for 2020: Exclude depreciation in your forecasted 2020 expenses Page 20

Please input as whole dollar amount only, do not include cents.
Enter N/A if business/organization was not required to file for the
2017, 2018, and/or 2019 Tax Year

2017 Gross Receipts/Revenue *

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2017 Tax Year.

2017 Expenses *

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2017 Tax Year.

2017 Depreciation *

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2017 Tax Year.

2018 Gross Receipts/Revenue *

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2018 Tax Year.

2018 Expenses *

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2018 Tax Year.

2018 Depreciation *

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2018 Tax Year.

2019 Gross Receipts/Revenue *

N

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2019 Tax Year.

2019 Expenses *

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2019 Tax Year.

2019 Depreciation *

Please input as whole dollar amount only, do not include cents. Enter N/A if business/organization was a non-filer or was not in existence for the 2019 Tax Year.

2020 Gross Receipts/Revenue: Report your total gross receipts/revenue from similar sources from January 1, 2020 - June 30,

2020 *

Please input as whole dollar amount only, do not include cents.

Sample Application Maine Economic Recovery Grant

2020 Expenses: Report your total expenses from similar sources from January 1, 2020 - June 30, 2020 *

Please exclude depreciation in your forecasted 2020 expenses and input as whole dollar amount only, do not include cents.

How is COVID-19 reducing your average income after expenses? *

Provide a description connecting your anticipated 2020 income/losses net of expenses to the COVID-19 pandemic or related public health response. (1000 Character Limit)

Provide an estimated percentage of your loss that is a result of the COVID-19 pandemic and related public health response *

Maine Revenue Services Taxpayer Information

To assist the Department of Economic and Community Development (DECD) in evaluating your eligibility for the Maine Economic Recovery Grant Program, this section authorizes Maine Revenue Services (MRS) to verify certain confidential tax information and to disclose the status of your Maine tax and filing obligations to DECD.

For Maine State Tax questions please contact the Maine Revenue Service Taxpayer Contact Center via email at taxpayerassist@maine.gov or via phone at 207-624-9784.

Note: Any question not answered completely and correctly will delay the review process.

Do you have any State of Maine tax liability that is presently due or owing? *

- Yes
- No

If Yes, please explain

(1000 Character Limit)

During the past 7 years, were you required to file any State of Maine tax return(s) other than income tax? *

- Yes
- No

Have you filed State of Maine income tax returns, and returns for each of the tax types listed above, for each of the past 7 years?

- Yes
- No

If 'No', please list the tax type, year(s), and explain why the return(s) was not filed (for example because you were not in business, or because you lived outside of Maine and were not required to file)

Business Qualification Questions

Please answer the following questions about your business/organization:

My business/organization is current and in good standing with all Maine State payroll taxes, sales taxes, and state income taxes (as applicable) through July 31, 2020. *

- Yes
- No

My business/organization is in good standing with the Maine Department of Labor *

- Yes
- No

My business/organization is not in bankruptcy *

- Yes
- No

If you answer 'No', then you are stating that your business/organization is in bankruptcy

My business/organization has not permanently ceased operations (closed with no intent to reopen) *

- Yes
- No

If you answer 'No', then you are stating that your business/organization has closed with no intent to reopen. Page 25

My business/organization has a minimum of 50% of employees and contract employees based in Maine. *

- Yes
- No

What percentage of your employees and contract employees are based in Maine? *

My business's/organization's primary location/corporate headquarters is in Maine. *

- Yes
- No

My business/organization has been in consistent compliance with COVID-19 Prevention Checklist Requirements. * 

- Yes
- No

My business/organization is not under any current or past enforcement action with COVID-19 Prevention Checklist Requirements. * 

Sample Application Maine Economic Recovery Grant

Yes

No

'No' means the business/organization has been or is under enforcement action due to non-compliance.

If No, provide brief justification

(1000 character limit)

Additional Business Questions

For the question below, please ensure the following:

1. Count 1 FTE for each full-time employee (employed on average at least 30 hours of service per week, or 130 hours of service per month)
2. Count 0.5 for each part-time employee (employed an average of less than 30 hours of service per week or less than 130 hours of service per month)
3. Only count yourself as a FTE if you treat yourself as a W-2 employee of the company
4. Include 1099 contract employees in this calculation

How many full time equivalent (FTE) employees does your business have? *

What is the average employee hourly wage/salary? (Not to include executive level) * Page 27

Is your business/organization led by a majority of black, indigenous, immigrant or other people of color? *

Yes

No

Does your business/organization primarily serve Black, Indigenous, People of Color (BIPOC) communities? *

Yes

No

Does your business/organization primarily serve underrepresented or impoverished communities? *

Yes

No

If Yes, describe the community that makes up the majority of your client base.

(1000 character limit)

Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that the business/organization will make its best-effort not to furlough or lay off any individuals from the time of application through the end of the COVID-19 outbreak period.

Please Answer Based on the Question Above (Furlough and Rehire) *

Yes

No

Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that the business/organization will make its best-effort to re-hire workers as soon as possible that have already been furloughed or laid off

Please Answer Based on the Question Above (Rehire) *

Yes



Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that your business/organization has a material financial need that cannot be overcome without the use of emergency relief funds at this time (e.g., does not have significant cash reserves that can support your operations during this period of economic disruption)

Please Answer Based on the Question Above (Material Need of Relief Funds) *

Yes

Sample Application Maine Economic Recovery Grant

No

Are you, your chief executive officer (executive director/president/proprietor), or equivalent able to certify that the business/organization has been negatively impacted by the COVID-19 pandemic? Note: Negative impact is defined as a business/organization that has been temporarily shut down, has been required to reduce hours, has had a drop in revenue, has been materially impacted by employees who cannot work due to the pandemic, or has a supply chain that has been materially disrupted and therefore slowed firm-level production.

Please Answer Based on the Question Above (Negative Impact from COVID-19) *

Yes

No

When was your business/organization incorporated/registered (how old is your business/organization)?

Business/Organization Incorporated/Registered Month *

Business/Organization Incorporated/Registered Year *

Does your business have a franchise agreement? *

Yes

No

